

GENERAL TESTIMONY

Petitioner ☐ IV-D Non Public Assistance
☐ IV-D Non PA Medicaid
☐ Full Services
☐ Medical Services Only

Respondent ☐ IV-D Public Assistance
☐ IV-E Foster Care (IV-D Case)
☐ Non IV-D

File Stamp

Responding IV-D Case No. _____ Initiating IV-D Case No. _____

Responding Docket No. _____ Initiating Docket No. _____

Petitioner is: ☐ Obligee ☐ Caretaker Other than Parent
☐ Obligor ☐ Foster Care

Respondent is: ☐ Obligee ☐ Caretaker Other than Parent
☐ Obligor ☐ Foster Care

_____ being duly sworn, under penalties of perjury, testifies as follows:
Name (First, Middle, Last)

I. Personal Information About Child(ren)'s Mother ☐ See Section X

A.1. Mother is: <input type="checkbox"/> Obligee <input type="checkbox"/> Obligor		2. <input type="checkbox"/> Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)			
4. Home Address <input type="checkbox"/> Confirmed _____ (date)		5. Social Security Number	6. Date of Birth
		7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)		10(a). Occupation, Trade or Profession	
		10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$		12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)			

B. Physical Description of Child(ren)'s Mother (Optional: Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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C. Present Marital Status of Child(ren)'s Mother

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner	
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated	7. <input type="checkbox"/> Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Mother

1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? [] Yes [] No [] Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

E. Is the child(ren)'s mother responsible for dependents other than those listed in Section V (pages 4 & 5)?

[] Yes [] No [] Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
2.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:
3.	a. Full Name (First, Mid, Last)	b. Date of Birth
	c. Relationship	d. Living With:
	e. Source of Support/Income	f. Monthly Amount; Gross: Net:

II. Personal Information About Child(ren)'s Father [] See Section X

A.1. Father is: [] Obligee [] Obligor	2. [] Nondisclosure Finding Attached	
3. Full Name (First, Mid, Last; include nickname, alias)		
4. Home Address [] Confirmed _____ (date)	5. Social Security Number	6. Date of Birth
	7. Home Phone ()	8. Work Phone ()
9. Employer Name & Address [] Confirmed _____ (date)	10(a). Occupation, Trade or Profession	
	10(b). Highest Level Of Education Attained	
11. Estimated Gross Monthly Earnings \$	12. Other Monthly Income (& source) \$	
13. Real or Personal Property (type & location)		

B. Physical Description of Child(ren)'s Father (Optional: Attach photo if available.)

1. Race	2. Height	3. Weight	4. Hair Color	5. Eye Color
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C. Present Marital Status of Child(ren)'s Father

1. <input type="checkbox"/> Married	2. <input type="checkbox"/> Single	3. <input type="checkbox"/> Living with Non-Marital Partner
4. <input type="checkbox"/> Divorced	5. <input type="checkbox"/> Legally Separated	6. <input type="checkbox"/> Separated 7. <input type="checkbox"/> Unknown

D. Information about Current Spouse or Partner of Child(ren)'s Father

1. Name of New Spouse or Non-Marital Partner (First, Mid, Last)	2. Is Current Spouse/Partner Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
3. Name and Address of Spouse's/Partner's Employer	4. Spouse's/Partner's Estimated Gross Monthly Earnings \$

E. Is the child(ren)'s father responsible for dependents other than those listed in Section V (pages 4 & 5)?

☐ Yes ☐ No ☐ Unknown (If yes, provide information below.)

1.	a. Full Name (First, Mid, Last)		b. Date of Birth	
	c. Relationship		d. Living With:	
	e. Source of Support/Income		f. Monthly Amount; Gross: Net:	
2.	a. Full Name (First, Mid, Last)		b. Date of Birth	
	c. Relationship		d. Living With:	
	e. Source of Support/Income		f. Monthly Amount; Gross: Net:	
3.	a. Full Name (First, Mid, Last)		b. Date of Birth	
	c. Relationship		d. Living With:	
	e. Source of Support/Income		f. Monthly Amount; Gross: Net:	

III. Personal Information About Caretaker Other than Parent ☐ See Section X

1. Caretaker's Relation to Child is:		2. <input type="checkbox"/> Nondisclosure Finding Attached		
3. Full Name (First, Mid, Last; include nickname, alias)				
4. Home Address <input type="checkbox"/> Confirmed _____ (date)	5. Social Security Number		6. Date of Birth	7. Sex
	8. Home Phone ()		9. Work Phone ()	
10. Employer Name & Address <input type="checkbox"/> Confirmed _____ (date)	11(a). Occupation, Trade or Profession			
	11(b). Highest Level Of Education Attained			
12. Estimated Gross Monthly Earnings \$	13. Other Monthly Income (& source) \$			
14. Date Child(ren) Began Residing With Caretaker				

1. ☐ Never married to each other 2. ☐ Married on _____ Date _____ in _____ County/State

3. ☐ Married by common law for the period _____ Dates _____ in _____ County/State

4. ☐ Separated on _____ Date _____ 5. ☐ Divorced on _____ Date _____ in _____ County/State

6. ☐ Legally separated on _____ Date _____ in _____ County/State

7. ☐ Divorce pending in _____ County/State 8. ☐ Support Order Entered on _____ Date _____

9. ☐ No support order 10. ☐ Other _____

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4. a. Full Name (First, Mid, Last)		f. Paternity Established? [] Yes [] No
b. Address		
c. Social Security Number		g. Support Order Established? [] Yes [] No
d. Sex	e. Date of Birth	h. Living with Petitioner? [] Yes [] No

B. The child(ren) began residing in _____ on _____.
State Month/Year

VI. Medical Insurance [] See Section X

1. Is obligor required by a child support order to provide medical insurance for the child(ren)? [] Yes [] No
2. Is obligor required by a child support order to provide medical insurance for the obligee? [] Yes [] No
3. Medical coverage for dependent child(ren) listed in Section V and/or the obligee is provided by:

	For dependent child(ren)	For obligee
Obligee	[]	[]
Obligor	[]	[]
State Medicaid	[]	[]
Obligee's Employer	[]	[]
Obligor's Employer	[]	[]
Other _____	[]	[]
Unknown	[]	[]
No Coverage	[]	[]

Obligee's Insurance Company:

Policy Number:

Obligor's Insurance Company:

Policy Number:

Other Insurance Company:

Policy Number:

4. The monthly cost paid by the obligee for medical insurance for the obligor's child(ren) only is: \$ _____

(If medical insurance is provided by the obligee or obligee's employer, skip to number 6).

5. Obligee can purchase needed medical insurance at a monthly cost of: \$ _____

6. Were the children ever covered by medical insurance provided by the obligor/obligee, or his/her current employer? [] Yes [] No [] Unknown

7. Do any of the obligor's children have special needs or extraordinary medical expenses not covered by insurance? [] Yes [] No

(If "Yes", please indicate the child involved and the type of special needs/extraordinary medical expenses and the related costs. Attach proof.)

VII. Support Order and Payment Information ☐ See Section X

1. Does a support order exist? (If "No", skip to page 7.) ☐ Yes ☐ No
2. Did child(ren) reside with the obligor at anytime during the period for which support is sought, except during periods of visitation specified by a tribunal's order? ☐ Yes ☐ No If "Yes", Identify Period of Residency:
From: _____ Thru: _____
3. If a modification is being requested, indicate the basis for the request below:
☐ The earnings of the obligor have substantially increased or decreased.
☐ The earnings of the obligee have substantially increased or decreased.
☐ The needs of a party or of the child(ren) have substantially increased or decreased.
☐ Other, Explain _____
4. Describe all current support orders (include all pertinent orders and modifications). NOTE: if more than three (3) orders exist, attach complete description as below for each.

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

Date of Order	Current Amount \$	Per Month/Week/etc.	Toward Arrears \$	Per Month/Week/etc.
Unpaid Interest \$ _____ as of _____ (date)		Total Arrears \$ _____ as of _____ (date)		
Tribunal's Name & Address				

5. Unpaid Medical Cost Reimbursement \$ _____ as of _____
 (attach documentation) Date

6. Other Unpaid Costs and Fees \$ _____ as of _____
 Date

Explain: _____

7. Direct Payments to Oblige: ☐ Affidavit from Oblige Attached ☐ No Direct Payments Received

8. Obligor's support payment history:

☐ Certified copy of tribunal/agency payment history is attached. (Skip to page 7). ☐ Payment history provided on page 6a. ☐ N.A.; responding State does not require. (Skip to page 7).

From (Year) to (Year):	Agency Which Prepared Audit/Payment History:
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GENERAL TESTIMONY, PAGE 6a

Initiating IV-D Case No. _____

Obligor's Payment History

Adjudicated Arrears \$ _____ as of _____
Date of Order

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: _____

	Amount Due	Amount Paid	Balance

Year: _____

	Amount Due	Amount Paid	Balance
Jan			
Feb			
Mar			
Apr			
May			
Jun			
Jul			
Aug			
Sep			
Oct			
Nov			
Dec			
Total			

Year: _____

	Amount Due	Amount Paid	Balance

Total of Adjudicated and Accrued Arrears \$ _____ as of _____
Date

Date

Name/Title, Agency or Tribunal

Signature

Sworn to and Signed before me
this Date, County, State

Notary Public, Tribunal/Agency
Official and Title

Commission Expires

VIII. Obligee's Public Assistance Status [] See Section X

[If no public assistance was paid, skip to Section IX.]

1. Period during which public assistance was paid:

From: _____ / _____ / _____ To: _____ / _____ / _____ by: _____
First month year Last month year State2. Total amount of public assistance paid: \$ _____ as of _____
Date3. Medical assistance related to prenatal, postnatal, or general expenses was paid in the amount of \$ _____
by: _____
Agency or Person**IX. Financial Information** [] See Section X

Information required varies based on responding State's guidelines. Updates may be required.

A. Monthly Income from All Sources:

1. Is the petitioner employed? [] Yes; occupation: _____ [] No; income source: _____

2. Gross Monthly Income Amounts: Petitioner Current Spouse/Partner Obligor's Dependent(s)

a) Public Assistance

i) SSI

\$ _____ \$ _____ \$ _____

ii) Family Assistance

\$ _____ \$ _____ \$ _____

iii) Other

\$ _____ \$ _____ \$ _____

b) Base pay salary, wages

\$ _____ \$ _____ \$ _____

c) Overtime, commissions,
tips, bonuses, parttime

\$ _____ \$ _____ \$ _____

d) Unemployment compensation

\$ _____ \$ _____ \$ _____

e) Worker's compensation

\$ _____ \$ _____ \$ _____

f) Social Security Disability

\$ _____ \$ _____ \$ _____

g) Social Security Retirement

\$ _____ \$ _____ \$ _____

h) Dividends and interest

\$ _____ \$ _____ \$ _____

i) Trust/Annuity Income

\$ _____ \$ _____ \$ _____

j) Pensions, retirement

\$ _____ \$ _____ \$ _____

k) Child support

\$ _____ \$ _____ \$ _____

l) Spousal support/alimony

\$ _____ \$ _____ \$ _____

m) All other sources

\$ _____ \$ _____ \$ _____

Explain "other sources": _____

3. **Total Gross Monthly** \$ _____ \$ _____ \$ _____
(lines "2a" through "2m")

4. Deductions From Gross

a) Federal Income Tax

\$ _____ \$ _____ \$ _____

b) State Income Tax

\$ _____ \$ _____ \$ _____

c) Local Tax

\$ _____ \$ _____ \$ _____

d) F.I.C.A.

\$ _____ \$ _____ \$ _____

	<u>Petitioner</u>	<u>Current Spouse/Partner</u>	<u>Obligor's Dependent(s)</u>
5. Adjusted Net Monthly	\$ _____	\$ _____	\$ _____
(lines "3" minus lines "4a through 4d")			
6. Other Deductions			
a) Savings	\$ _____	\$ _____	\$ _____
b) Loan Repayment	\$ _____	\$ _____	\$ _____
c) Mandatory Retirement	\$ _____	\$ _____	\$ _____
d) Non-mandatory Retirement	\$ _____	\$ _____	\$ _____
e) Medical Insurance	\$ _____	\$ _____	\$ _____
f) Union Dues	\$ _____	\$ _____	\$ _____
g) Other (specify)	\$ _____	\$ _____	\$ _____
7. Net Monthly Income	\$ _____	\$ _____	\$ _____
(line 5 minus lines "6a through 6g")			
8. Gross Income Prior Year	\$ _____	\$ _____	\$ _____

Attach three most recent paystubs from each current employer for all parties shown.

B. Monthly Expenses:

	<u>Petitioner</u>	<u>Obligor's Dependent(s)</u>
1) Rent/Mortgage	\$ _____	\$ _____
2) Homeowners/Renters Insurance	\$ _____	\$ _____
3) Home Maintenance & Repair	\$ _____	\$ _____
4) Heat	\$ _____	\$ _____
5) Electricity/Gas	\$ _____	\$ _____
6) Telephone	\$ _____	\$ _____
7) Water/Sewer	\$ _____	\$ _____
8) Food	\$ _____	\$ _____
9) Laundry/Cleaning	\$ _____	\$ _____
10) Clothing	\$ _____	\$ _____
11) Life Insurance	\$ _____	\$ _____
12) Medical Insurance	\$ _____	\$ _____
13) Uninsured Extraordinary Medical (attach documentation)	\$ _____	\$ _____
14) Other Uninsured Health-Related Expenses	\$ _____	\$ _____
15) Auto Payment	\$ _____	\$ _____
16) Auto Insurance	\$ _____	\$ _____
17) Auto Expenses	\$ _____	\$ _____
18) Other Transportation	\$ _____	\$ _____
19) Child Care	\$ _____	\$ _____
Provider: _____		
Frequency: _____		
20) Support Payments, actual amount paid	\$ _____	\$ _____
21) Other; Explain: _____	\$ _____	\$ _____
Total Monthly Expenses (lines 1 through 21)	\$ _____	\$ _____

C. Assets:

1) Real Estate _____
Address _____
Owner(s) _____
Title _____
\$ _____ Assessed Value minus \$ _____ Mortgage(s) = \$ _____

2) IRA, Keogh, Pension, Profit Sharing, Other Retirement Plans

_____ \$ _____
Institution or Plan Name and Account No.
_____ \$ _____
Institution or Plan Name and Account No.

3) Tax Deferred Annuity Plan(s)

\$ _____

4) Life Insurance: Present Cash Value

\$ _____

5) Savings & Checking Accounts, Money Market Accounts, & CDs

_____ \$ _____
Institution Name and Account Number
_____ \$ _____
Institution Name and Account Number

6) Automobiles/Vehicles

_____	_____	_____	\$ _____	minus \$ _____	= \$ _____
Make	Model	Year	Estimated Value	Loan Balance	
_____	_____	_____	\$ _____	minus \$ _____	= \$ _____
Make	Model	Year	Estimated Value	Loan Balance	
_____	_____	_____	\$ _____	minus \$ _____	= \$ _____
Make	Model	Year	Estimated Value	Loan Balance	

7) Other (e.g., Personal Property, Securities, etc). Describe:

_____ \$ _____
_____ \$ _____

Total Assets (lines 1 through 7) \$ _____

X. Other Pertinent Information (Attach additional sheets if necessary).

XI. Verification

☐ Attached are the required number of copies of all support orders for the case.

Also attached and incorporated by reference are:

- ☐ Copy of the certified child support payment records.
- ☐ Copies of three most recent paystubs from current employer.
- ☐ Copies of bills for prenatal, postnatal and general health care of mother and child.
- ☐ Assignment or subrogation of support rights.
- ☐ "Affidavit in Support of Establishing Paternity" for each child whose paternity is at issue.
- ☐ Copy of child(ren)'s birth certificate(s).
- ☐ Acknowledgment of parentage.
- ☐ Other: _____

All of the information and facts contained in this General Testimony are true and correct to my/our best knowledge and belief.

Date_____
Petitioner (Name/Title)_____
Signature_____
Date_____
Agency Representative (Name/Title)_____
Signature

Sworn to and Signed Before me
This Date County/State

Notary Public, Tribunal/Agency
Official and Title

Commission Expires